

were murdered in my city. Of these murders, 80 percent were gang related, and nearly 90 percent were at the hands of a gun. The numbers speak for themselves. The city of Chicago is facing an epidemic of violence and the reasons behind it are clear.

There are many ideas to solve this problem. One—rounding up 18,000 members of the Gangster Disciples—is simply not legally or financially feasible. What is feasible and a significant way to stop gun violence in my city is to stop the flow of illegal guns into Chicago.

One reason the violence is at record levels is because gang members have such easy access to illegal guns. It's time for the Federal Government to step in and do something about it.

Despite the city's tough gun laws, Chicago cops are recovering illegal guns at nine times the rate of their counterparts in New York City. That's nearly three times the number of weapons in a city one-third the size. These outrageous numbers call for nothing short of a Federal response. We need a renewed effort at the Federal level to prosecute gun traffickers who put illegal weapons in the hands of gang members. We need to give our law enforcement the tools they need to put these guys away.

Last year, Chicago ranked last among Federal jurisdictions and Federal gun prosecutions. This is simply unacceptable. Gun traffickers should know that if you traffic illegal weapons in the city of Chicago, you will be spending a long time in a Federal penitentiary. We can no longer let these criminals be charged with mere paperwork violations.

I welcome the nomination of Zachary Fardon as Chicago's new Federal prosecutor and urge him to prosecute more of these cases in Federal court. But to try more gun traffickers in Federal court, we need to give law enforcement the tools and funding they need to do so. That means finally passing a Federal law making gun trafficking illegal, with stiffer penalties for those who violate the law; that means increasing funding for Federal COPS grants to put more police on our streets instead of ignoring municipalities across the country that have been forced to cut their public safety budgets in these difficult economic times; and that means finally giving law enforcement the proper tools to go after corrupt gun dealers.

One percent of gun dealers are responsible for half the guns used in crimes in this country; yet current law foolishly limits things like inventory inspections. If law-abiding dealers reported inventories, the ATF would be much more effective in identifying lost and stolen weapons and combating corrupt gun dealers. That's why I introduced the TRACE Act this Congress, which would allow the ATF to require dealers to perform inventory checks and to report lost and stolen guns.

Mr. Speaker, people are being gunned down in my city every day. And while

we continue to spend billions of dollars on nuclear weapons, tanks, and wars overseas, we're ignoring the gang war that is happening here at home. It's time for the Federal Government to step up to the challenge by stopping gun violence where it starts.

DOD CIVILIAN FURLONGS

The SPEAKER pro tempore. The Chair recognizes the gentleman from Ohio (Mr. TURNER) for 5 minutes.

Mr. TURNER. Mr. Speaker, yesterday over 14,000 civilian Department of Defense employees at Wright-Patterson Air Force Base in my community were furloughed as a result of sequestration. For 11 days, over the next few months, these hardworking members of my community will see their pay cut by 20 percent.

I voted against this mess. I knew the effects of sequestration on our national security and our community and its citizens would be significant and for many devastating. These vital members of our national security structure have essentially been told they are expendable. Morale at Wright-Patterson Air Force Base and DOD facilities around the United States is suffering because of this.

I've spoken to not just these civilian employees, but to car dealers, restaurant owners, small businesses, all of who feel the pain and frustration because of inaction here in Washington. It doesn't have to be this way. The House has passed an act to avert sequestration. The Senate has failed to pass a single bill to avert sequestration. The President, who promised the American people that this would not happen, has done nothing. Meanwhile, families and businesses, not only in Ohio but across the country, are suffering. It's time for the President to keep his promise that he made during his election campaign and to work to set aside sequestration.

Mr. Speaker, I voted against sequestration. The House has passed legislation to halt it, and it's time that the Senate and the President come to the table and work to find a way to avert these furloughs and their devastating impact on the lives and businesses of hardworking Americans and its impact upon our national security.

PERSONALIZE YOUR CARE ACT

The SPEAKER pro tempore. The Chair recognizes the gentleman from Oregon (Mr. BLUMENAUER) for 5 minutes.

Mr. BLUMENAUER. Mr. Speaker, I would ask my colleagues a very simple question: Can this Congress approve legislation that is supported by over 85 percent of the American public that is truly bipartisan legislation, with distinguished Republican cosponsors, and will not cost anything and, in fact, could even save billions of dollars? Can we give the American public something they not only want, but they need and to which they're entitled?

I would hope so. I would hope that Congress could act on the Personalize Your Care Act, H.R. 1173, which I've introduced along with Dr. ROE, Mr. REED, Mr. HANNA, Dr. McDERMOTT, and Dr. BERA.

I would make part of the Record survey research by the Regence Foundation and the National Journal that shows overwhelming public support for this type of protection for families. Ninety-six percent of Americans surveyed said it was important that these health and end-of-life issues be a top priority for our health care system; 97 percent agree that it's important that patients and their families be educated about palliative care and end-of-life option treatments available, along with curative treatment; and 86 percent agree that these discussions about palliative care and end-of-life treatment should be fully covered by health insurance.

Americans agree that people need to know what faces them in difficult situations approaching end of life or when people are temporarily unable to make medical decisions for themselves. But Medicare, which will pay tens of thousands of dollars for a full hip replacement for a 93-year-old woman with terminal cancer, will not authorize a couple hundred dollars for her and her family to have medical consultation about her personal choices and circumstances for the future. Our legislation will change that.

There have been fascinating studies about how doctors die differently from the rest of us because they know what works and what doesn't. Doctors, it turns out, tend to consume health care much differently and often less in their final year of life. It's not that they don't understand. It's not that they don't have access to health care. They can afford it. They just know their situation better than the rest of us, they know what works, they know what they want, and usually that means comfort and quality of life and more control.

Our legislation will be a small, but important, step to make sure that every American is treated like a doctor in their last year of life: knowing their choices, knowing their prospects, being able to identify what they want, and make sure that their wishes are known and respected.

I don't think there are any of us on the floor of the House who has not felt some frustration. Can't we get something done? Here's an opportunity that doesn't depend upon what your view of ObamaCare is. Whether it's implemented, delayed, or repealed doesn't matter.

□ 1015

This is legislation that doesn't need to cost anything. It actually will end up saving money, but money is not the point.

Can we act together to do something for the public, show that we're not paralyzed, that we can work together, that

we can make progress in a difficult environment?

I would urge my colleagues to join the bipartisan and growing list of Members who have cosponsored the Personalize Your Care Act, H.R. 1173. Some day Congress is going to deal with the vast looming crisis we face. In the meantime, helping patients understand their choices and make their wishes known and respected is an important step to start.

SURVEY RESEARCH FROM THE REGENCE FOUNDATION AND THE NATIONAL JOURNAL

AMERICANS AGREE THAT DISCUSSIONS ABOUT PALLIATIVE CARE AND END-OF-LIFE CARE TREATMENT OPTIONS SHOULD BE FULLY COVERED

Now, please tell me whether you agree or disagree with the following statements regarding these health and life issues.

Discussions about palliative care and end-of-life care treatment options should be fully covered by health insurance: 86% agree.

Discussions about palliative care and end-of-life care treatment options should be fully covered by Medicare: 81% agree.

AMERICANS OF ALL STRIPES SAY IT'S IMPORTANT FOR THESE ISSUES TO BE A TOP PRIORITY FOR THE HEALTH CARE SYSTEM

Now that you've heard some more information, how important is it that these health and life issues be a top priority for the health care system in this country?

96%: important.

72%: 'very' important.

AMERICANS WIDELY AGREE ON THE IMPORTANCE OF EDUCATING PATIENTS ABOUT THEIR OPTIONS AND THE VALUE OF A PUBLIC DEBATE

Now, please tell me whether you agree or disagree with the following statements regarding these health and life issues.

It is important that patients and their families be educated about palliative care and end-of-life care options available to them along with curative treatment: 97% agree.

A public dialogue and debate about these health and life issues will help patients and their families by providing them with more information about their treatment options: 86% agree.

IMMIGRATION BILLS

The SPEAKER pro tempore. The Chair recognizes the gentleman from Pennsylvania (Mr. BARLETTA) for 5 minutes.

Mr. BARLETTA. Mr. Speaker, I rise today in the wake of the passage of the Senate amnesty bill to shed light on two important elements of illegal immigration that the Senate has grossly overlooked. As we know, the Senate bill pairs border security with amnesty. This makes no sense. You would never replace your carpet at home if you still had a hole in the roof.

I am hopeful that the House will put border security first, but I still have concerns. That's why today I'm introducing two pieces of legislation. One will address the problem of visa overstays, and the other will ask for a full accounting of what went wrong with the 1986 amnesty deal that led to our current illegal immigration problem.

The first bill, the Visa Overstay Enforcement Act of 2013, will, for the first

time, make staying in the country after your visa has expired a felony criminal offense instead of just a civil offense. Upon a first offense, the visa overstay would bring a \$10,000 fine and 1 year in jail. The illegal immigrant may not be legally admitted to the United States for 5 years from the date of conviction and may not apply for a visa for 10 years after the date of conviction. A second offense would be subject to a fine of \$15,000 and up to 5 years in jail. The illegal immigrant would be banned from entering the United States for life.

Most of the talk about this issue has been focused on the southern border, but that won't solve our illegal immigration problem alone. If we fix our broken visa system, we can take care of nearly half of our illegal immigration concerns.

The second part of this bill requires the Secretary of Homeland Security to submit a plan to Congress detailing a biometric exit program involving the taking of fingerprints of those leaving the country at all land, sea, and air ports.

As I have often said, since 40 percent of illegal immigrants here today are here on an expired visa, it is obvious that if your State is home to an international airport, then you effectively live in a border State.

And we should learn from history. In 1986, we were told that if we just granted amnesty to 1.5 million illegal immigrants, the problem would go away. That didn't happen. Instead, 3 million people came here to take advantage of amnesty. We need to know what effect the 1986 amnesty program had on the American worker and whether the effects still linger today. Were wages depressed? Were jobs taken away from legal workers because so many received amnesty? We should learn our lesson.

My second piece of legislation is the 1986 Amnesty Transparency Act. It requires a comprehensive report on the failures of the Immigration Reform and Control Act of 1986, which are many.

Speaking of 1986, let's remember in that year, one of the bombers in the 1993 World Trade Center attack was granted amnesty. He had originally arrived on an agricultural visa. He was really a taxi driver, and all he ever planted was a bomb.

The real losers in this debate are the legal immigrants who have followed the rules. Here is a clear example:

Under the ObamaCare employer mandate, any company with 50 or more employees must provide health insurance to their employees or pay a fine of \$3,000 per employee, but illegal immigrants granted amnesty under the Senate bill are exempt from ObamaCare. So I ask you: What is the incentive to hire a legal American worker who would come with a health care price tag over an illegal worker who would not? None.

We have immigration laws for two reasons: to protect our national secu-

rity and to protect American jobs. The Senate bill violates both of those principles. So tell me, why would we do this?

I ask the House to consider my commonsense bills and put border security first. Let's put the safety of the American citizens first.

FAILURES OF OBAMACARE

The SPEAKER pro tempore. The Chair recognizes the gentleman from Pennsylvania (Mr. THOMPSON) for 5 minutes.

Mr. THOMPSON of Pennsylvania. Mr. Speaker, last week while the American people were preparing to celebrate the 237th birthday of the Nation, the Obama administration announced, via a blog post, that it will provide an additional year before the employer reporting requirements and the employer shared responsibility requirements of ObamaCare take effect.

There are few issues as personal and significant in the lives of individuals and families as health and well-being, which is why the irony of reminding Americans that government now controls their health care during the week we celebrate our country's independence did not go unnoticed. Despite efforts to quietly buy time and obfuscate responsibility for this fatally designed health care law, most Americans rightfully view this delay as an admission of failure.

Mr. Speaker, the businesses that provide the jobs and the source of health care coverage for most Americans were not surprised by this announcement. Most are well aware that this law was thoughtlessly rammed through Congress in the middle of the night with a litany of technology flaws and other blatant failures.

Unfortunately, employers have been struggling with high health care costs since before the law passed. Given the combined pressure of new taxes and regulations, businesses are hurting exponentially worse now that the law's provisions have begun to take effect. These new government mandates incentivize businesses to reduce their workforce to under 50 full-time equivalency employees. To avoid financial penalties, the incentive under ObamaCare is to reduce individual hours to avoid these mandates. Employees now face the redefinition of "full-time" down to just 35 hours per week.

This law denies opportunities for growth that could and should be available and promoted. This is fundamentally counter to what a vibrant and robust American economy demands. Fewer jobs and reduced individual hours are not good for individuals, for families, for businesses, or for our economy. Nonetheless, employees and employers alike are experiencing the consequences of "Obama-sizing" both businesses and jobs.

By the time the law is fully implemented in 2023, the Congressional